

**MCDB Encounter File Processing
January 2007 - April 2008 Data**

**P760: State Farm Mutual Automobile Insurance Co.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report**

Eligible Services: 63,074
Services Submitted: 63,074

Source File: P760_enc5_dc_crunch.sas7bdat
File Date: December 5, 2008

Delivery System	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)									
2: PPO-POS									
3: PPO or Other Managed Care	1,085	1,730	59.4	24,774	26,651	7.6	3,094,793	3,499,264	13.1
4: Indemnity Care	895	794	-11.3	40,676	36,423	-10.5	8,937,144	1,869,022	-79.1
5: HMO-POS Rider									
6: EPO									
9: Payer Code=9 (Unknown and Missing)									
Total	1,980	2,509	26.7	65,450	63,074	-3.6	12,031,937	5,368,286	-55.4

Plan ²	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO	839	1,270	51.4	15,559	16,765	7.8	1,199,661	1,371,682	14.3
HMO Fee for Service									
HMO Capitated									
Medicare, All Types	759	689	-9.2	32,561	29,706	-8.8	7,028,880	1,363,554	-80.6
No Plan Assigned	382	550	44.0	17,330	16,603	-4.2	3,803,396	2,633,050	-30.8
Total	1,980	2,509	26.7	65,450	63,074	-3.6	12,031,937	5,368,286	-55.4

Coverage Type	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental	862	774	-10.2	40,318	36,273	-10.0	8,859,393	1,838,820	-79.2
2: Individual Plan	35	29	-17.1	380	500	31.6	77,940	81,326	4.3
3: Private Employer Sponsored Fully Self-Ins									
4: Private Employer Sponsored Insured	1,083	1,706	57.5	24,752	26,301	6.3	3,094,604	3,448,140	11.4
5: Public Employee									
6: Comprehensive Standard Health Benefit Plan									
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
Total	1,980	2,509	26.7	65,450	63,074	-3.6	12,031,937	5,368,286	-55.4

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NOTES:

¹ Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

² Rules for categorizing services into a PLAN:

Non-HMO

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
 - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
 - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
 - a. Delivery System (DELVTYP) is non-HMO (2-4).
 - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

HMO Fee for Service:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

HMO Capitated:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

Medicare, All Types

- 1, All services with Coverage Type 1 or 7.